AGENCY CUSTOMER ID:

## ACORD®

## DELAWARE COMMERCIAL AUTO

DATE	(MM/DD/YYYY)

ACOND									COVE	RAGES /	LI	MITS S	SECTION	1										
AGENCY												NAMED	NSURED(S)											
POLICY NUMBER										EFFECTIVE DA	ATE	CARRIE	२										NAIC CODE	
BUSINESS AUTO	O SE	ECTI	ON																					_
COVERAGES		/ERED			YMBO	LS			L	IMITS			COVERA	AGES	COV	/EREI	D AUT	O SYN	/BOLS	;		LIMI	тѕ	
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ENDORSEMENT									,															
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PERSONAL INFOR OTHER THAN YO WELL AS OTHER THIRD PARTIES WOBTAIN OR USE AWITH THE DEVEL WE OBTAIN A CUI INSURANCE PREITHAT REDUCTION IMPACT YOUR PICORRECTION OF AVAILABLE UPON	U IN PEF VITH A CR OPM RRE MIUN N. IF REM	CON RSON IOUT EDIT MENT NT CI MS. II F THE IUMS Y IN	INECIAL YOU BAS OF REC	CTIC AND UR / SED YOU OIT R HE N EW ( AN)	ON W O PRI AUTH SCO JR SO REPO IEW ( CREI Y WA ACIES	VITH IVILE HOR ORE ORT I CRE DIT AY.	THIS A EGED I IZATION BASED RE. IF N FOR YOU EDIT RE INFORM YOU I A MOR	APPLIC INFORI N. IN C ON TH WE DO DU ANI EPORT MATION HAVE	ATION I MATION CONNECT HE INFO USE A D DETER THAT V N WOUL THE RIC FAILED	FOR INSURAL COLLECTED WITH 1 RMATION CO CREDIT BAS RMINE WHET VE RECEIVE LD NOT REDUCTOR COLLECTED COLLECTED COLLECTED ROT REVOLLECTED ROT REVOLUTION ROT REPORT ROT REVOLUTION ROT REVOLUTION ROT REVOLUTION ROT REPORT REPORT ROT ROT REPORT ROT REPORT ROT ROT ROT ROT ROT ROT ROT ROT ROT	NCE ) BY THIS )NTA SED S HER WOL UCE IEW N O	AND SI US OR APPLIC APPLIC SCORE, USE OF JLD RES YOUR ALL OF	UBSEQUEN OUR AGEN CATION FOR THAT CRE YOU WILL F THE NEW SULT IN A D INSURANCE YOUR PE RIGHTS A	T AMEN NTS MAY R INSURA DIT REP HAVE TH CREDIT DECREAS E PREMI RSONAL	DMEI Y IN ANCE ORT. HE RI REP SE IN UMS. INF	NTS CER E, WI WE GHT ORT YOU THI ORW ACT	AND TAIN E MAY ON A WOL UR IN E CRI MATIO	REN CIRO Y RE Y USE AN A JLD F ISUR EDIT N IN REO	EWA CUMS VIEW E A TI NNU, RESU ANCE REP I OUF	LS. STANC / YOU HIRD I AL BA LT IN E PRE ORT I	SUCH IN CES BE JR CREI PARTY I SIS TO A DECF MIUMS, WILL NO	IFOR DIS DIT I IN CO REC REAS WE OT B	MATION A CLOSED TO REPORT O ONNECTION UEST THA SE OF YOU WILL MAK SE USED TO N REQUES	SORNTREOT
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APPLICANT'S SIGNATU	JRE								DATE		PRC	DUCER'S	SIGNATURE							N/	TIONAL	PROD	UCER NUMB	ER

ACORD 137 DE (2015/12)

CUSTOMER	

TRUCKERS SEC	CTIC	)N											A	GEN	NCY CUST	OWER	( ID:						_		
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		43		50	)		_	PERTY DA	MAGE	\$					COMP / OTC	:		43							\$
PERSONAL INJURY PROTECTION		44					EA PER	\$		EA	CC \$		,					46							
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ADDITIONAL		44					EA PER		_	EA AC	CC \$				CAUSES OF	LOSS		43		L	F	F	TW		\$
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COVERED AUTO SYME	BOLS					(44)	OWN	ED AUTOS	SUBJEC	т то	NO-FAI	ULT	(46) S	PEC	IFICALLY DES	CRIBE	D AUT	os		(49) Y	OUR TI	RAILERS	S IN .	THE POS	SSESSION OF
(41) ANY AUTO (42) OWNED AUTOS O	NLY							ED AUTOS PULSORY			A				) AUTOS ONL' ERS IN YOUR		ESSIC	N UND	ER					R UNDER EEMENT	A TRAILER
(43) OWNED COMMER		AUTO	os o	NLY				ORIST LAV							ILER INTERC						NON-OW				
ENDORSEMENT	<u>s/</u>	REN	MAR	RKS	3 (AC	ORE	<u>D 10</u>	1, Addi	ional F	Rema	arks	Sch	edule,	may	y be attacl	hed if	mo	re sp	ace	is red	quirec	1)			
SIGNATURE				—			—																—		
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APPLICANT'S SIGNATI	JRE			-					DATE				PRODUCE	R'S	SIGNATURE							NAT	ION	AL PROI	OUCER NUMBER

	PHYSICAL DAMAGE													
	COVERAGES	A	COVERED LIMITS									DEDUCTIBLE		
			62		67									
	COMP / OTC		63		68							\$		
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			62		67		SCL		FT		LSP			
NAMED INS & RES RELATIVES	SPECIFIED CAUSES OF LOSS		63		68		F		FTW	,		\$		
	0/100E0 01 E000		64											
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	& LABOR		67			\$								
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	COVERAGES	SY	MBOL	#TR	AILEI	RS FA	RTH ONE	# D	AYS	RAD	oius	DEDUCTIBLE		
	COMP / OTC		69											
			70											
	SPECIFIED		69											
	CAUSES OF LOSS		70											
BASIS	COLLISION		69									¢		

## **COVERED AUTO SYMBOLS** COVERAGES LIMITS BI EAPER \$ 67 CSL 61 62 68 BI EACH ACCIDENT LIABILITY 63 71 PROPERTY DAMAGE 64 EA ACC \$ PERSONAL INJURY 65 **PROTECTION** NAMED INSURED 67 DED \$ EA PER EA ACC \$ 65 \$ ADDITIONAL NAMED INS RESIDENT I NAMED INSURED 67 P.I.P. 62 64 MEDICAL **EACH PERSON** PAYMENTS 67 63 62 67 63 UNINSURED BI EACH ACCIDENT MOTORIST 64 PROPERTY DAMAGE PROPERTY DAMAGE DED \$ 66 BI EA PER \$ UNDERINSURED 62 64 67 CSL MOTORIST 63 66 BI EACH ACCIDENT STATES YES COST OF HIRE IF ANY NON-TRUCKERS HIRED / BORROWED NO 70 **TRUCKERS** YES STATES TRAILER VALUE \$ COST OF HIRE IF ANY BASIS HIRED / BORROWED NO STATES # DAYS # VEH LIABILITY YES STATES **GROUP TYPE** NUMBER OF NO NON-OWNED HIRED **EMPLOYEES AUTO PHYSICAL** VOLUNTEERS LIABILITY DAMAGE **PARTNERS** OTHER PRIMARY SECONDARY COVERAGE IS: OTHER **COVERED AUTO SYMBOLS** (64) OWNED COMMERCIAL AUTOS ONLY (67) SPECIFICALLY DESCRIBED AUTOS (70) YOUR TRAILERS IN THE POSSESSION OF (61) ANY AUTO (65) OWNED AUTOS SUBJECT TO NO-FAULT (68) HIRED AUTOS ONLY ANOTHER TRUCKER UNDER A TRAILER (62) OWNED AUTOS ONLY (66) OWNED AUTOS SUBJECT TO A COMPUL-(69) TRAILERS IN YOUR POSSESSION UNDER INTERCHANGE AGREEMENT SORY UNINSURED MOTORIST LAW (71) NON-OWNED AUTOS ONLY (63) OWNED PRIVATE PASS AUTOS ONLY A TRAILER INTERCHANGE AGREEMENT ENDORSEMENTS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) SIGNATURE PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. IN CONNECTION WITH THIS APPLICATION FOR INSURANCE, WE MAY REVIEW YOUR CREDIT REPORT OR OBTAIN OR USE A CREDIT BASED SCORE BASED ON THE INFORMATION CONTAINED IN THAT CREDIT REPORT. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. IF WE DO USE A CREDIT BASED SCORE, YOU WILL HAVE THE RIGHT ON AN ANNUAL BASIS TO REQUEST THAT WE OBTAIN A CURRENT CREDIT REPORT FOR YOU AND DETERMINE WHETHER USE OF THE NEW CREDIT REPORT WOULD RESULT IN A DECREASE OF YOUR INSURANCE PREMIUMS. IF THE NEW CREDIT REPORT THAT WE RECEIVE WOULD RESULT IN A DECREASE IN YOUR INSURANCE PREMIUMS, WE WILL MAKE THAT REDUCTION. IF THE NEW CREDIT INFORMATION WOULD NOT REDUCE YOUR INSURANCE PREMIUMS, THE CREDIT REPORT WILL NOT BE USED TO IMPACT YOUR PREMIUMS IN ANY WAY. YOU HAVE THE RIGHT TO REVIEW ALL OF YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US. I ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED MOTORISTS (UM) COVERAGE UP TO THE LIMIT(S) OF MY BODILY INJURY LIABILITY COVERAGE. I HAVE SELECTED THE LIMITS INDICATED IN THE SUPPLEMENT TO THIS APPLICATION, ACORD 61 DE. IN ADDITION, IF I HAVE SELECTED UM BODILY INJURY COVERAGE LESS THAN THE LIMIT(S) OF MY BODILY INJURY COVERAGE, OR IF I HAVE REJECTED THIS COVERAGE ENTIRELY, I HAVE READ AND SIGNED ACORD 61 DE.

ACORD 137 DE (2015/12)

APPLICANT'S SIGNATURE

MOTOR CARRIER SECTION

Page 3 of 3

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY

PRODUCER'S SIGNATURE

NATIONAL PRODUCER NUMBER

RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

DATE